

June 18, 2009

Honorable Robert D. Drain
Docket Number 05-44481 (RDD)
United States Bankruptcy Judge, Southern District of NY
One Bowling Green
New York, NY 10004-1408

I object to Article 9.5.11 of the June 1, 2009, Delphi Master Disposition Agreement wherein severance payments to Delphi Salaried Employees are to be terminated upon Delphi's emergence from bankruptcy.

I agreed to retire only and exclusively due to the Separation Allowance I would receive. I am 55 years old and had not considered retirement until this plan was laid in front of me. My management strongly encouraged me to take this package, which I did with an effective date of May 5, 2009. I agreed to a 3 month layoff beginning May 5, 2009 at half my normal wage with the understanding that I would be remunerated under the terms of the Separation Allowance between my and Delphi Corporation. I would not have retired otherwise.

Attached is a copy of my Delphi Corporation Separation Allowance Plan Release of Claims. This is a binding legal agreement between me and Delphi Corporation.

I believe an abrogation of this Separation Agreement would constitute a breach of contract and would lead to a lawsuit by me and many others.

I ask you to evaluate the terms of my Separation Agreement and agree/find that a termination of this plan is a breach of contract and would result in undue hardship to me and my family.

Thank you for your consideration in this matter.

Best Regards,



Mary J. Kettering
479 Wendemere Drive
Hubbard, OH 44425

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With the understanding that I would be remunerated under the terms of the Separation
of May 5, 2009. I agreed to a 3 month layoff beginning May 5, 2009 at half my normal wage
with the understanding that I would be remunerated under the terms of the Separation Allowance
between my and Delphi Corporation. I would not have retired otherwise.

Delphi Corporation
Separation Allowance Plan Release of Claims

I have been or will be separated from my employment with Delphi Corporation or any applicable subsidiary, affiliate, or joint venture ("Delphi") effective August 1, 2009, under terms which make me eligible for benefits under the Separation Allowance Plan (the "Plan"). These benefits include Severance Pay in the total amount of \$ 28050.00, less applicable deductions, to be paid in semi-monthly installments commencing on August 15, 2009, until paid, and Other Transition Assistance, comprised of outplacement assistance and \$2000 which I may, at my discretion, use to help pay for the continuation of health care coverage through Delphi. I acknowledge that the consideration provided for in this Release of Claims is in excess of anything I would otherwise be entitled to receive absent my signing this Release of Claims.

In consideration for receiving these benefits, I, for myself, family, heirs, and representatives, release, remise, and forever discharge Delphi, General Motors Corporation, and their respective officers, shareholders, subsidiaries, affiliates, joint ventures, employee benefit plans, agents and employees, successors, and assigns from any and all manner of actions, causes of actions, suits, proceedings, damages, costs, and claims whatsoever in law or in equity (collectively "Claims"), which I have or may have based upon or in connection with my employment with or separation from Delphi. This release specifically includes all Claims under the Employee Retirement Income Security Act of 1974, as amended, which regulates employee benefit plans; Title VII of the Civil Rights Act of 1964, as amended, which prohibits discrimination in employment based on race, color, national origin, religion, or sex; the Americans with Disabilities Act, which prohibits discrimination in employment based on disability; the Age Discrimination in Employment Act, which prohibits discrimination in employment based on age; the Equal Pay Act, which prohibits wage discrimination; state fair employment practices or civil rights laws; and any other federal, state or local law, order, or regulation or the common law relating to employment or employment discrimination, including those which preclude any form of discrimination based on age. This includes, without limitation, Claims for breach of contract (either express or implied), slander, libel, defamation, misrepresentation, promissory estoppel, detrimental reliance, and wrongful discharge. This release does not apply to Claims that are not subject to waiver under applicable law. This covers Claims I know about and Claims I do not know about; but does not cover Claims that arise after I separate from Delphi.

I understand that, by accepting benefits under the Plan, I will no longer be entitled to receive any disability benefits (short-term, long-term, or total and permanent) under the Delphi Life and Disability Benefits Program for Salaried Employees or the Delphi Retirement Program for Salaried Employees relating to any disability that arose or arises at any time, and if I am currently receiving or am eligible to receive disability benefits as of the effective date of this Release of Claims, I understand that such benefits or eligibility for such benefits will cease upon the effective date of this Release of Claims.

I have been given a minimum of forty-five (45) calendar days to review this Release of Claims and a written notice of the ages and job titles of all individuals in the same job classification or organizational unit who were (i) selected and (ii) who were not eligible or not selected for separation. I understand that I may use as much of this forty-five (45) day period as I wish. I have been advised to consult an attorney before signing this Release of Claims, but understand that whether or not I do so is exclusively my decision. I understand that I may revoke this Release of Claims within seven (7) days of my signing it. To be effective, the revocation must be in writing and must be received by Carol Ferko before the close of business on the seventh (7th) day after I sign this Release of Claims.

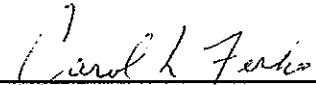
I acknowledge that Delphi has made no prior representations, promises, or agreements relating to my employment and separation contrary to this Release of Claims. I understand that I am not eligible for benefits Delphi provides under any other separation program and that I will not be eligible for any enhancements Delphi may subsequently make to the benefits provided under the Plan or any other separation program. This Release of Claims constitutes the entire and only understanding between Delphi and me regarding my separation. If any provision or portion of this Release of Claims is held unenforceable or invalid, all remaining provisions of this Release of Claims remain in full force and effect.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE OF ALL KNOWN AND UNKNOWN CLAIMS. I AFFIRM THAT I UNDERSTAND AND VOLUNTARILY AGREE TO ITS TERMS.

Signed: 

Delphi Identification Number (DIN): 1006821 (Kettering)

Dated: 3/27/09

Accepted: 
Delphi Corporation